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CONFIRMATION NO. 5008

<b>SERIAL NUMBER</b> 10/018,733	<b>FILING OR 371(c) DATE</b> 03/11/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 4402-003
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/AU00/00661 06/15/2000 JK

**\*\* FOREIGN APPLICATIONS \*\*\*\*\* JK**  
 AUSTRALIA PQ 0933 06/15/1999  
 AUSTRALIA PQ 2183 08/13/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 10/14/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance JK Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 65	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
530

**TITLE**  
System for enhancement of neurophysiological processes

<b>FILING FEE RECEIVED</b> 2351	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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